

HIV Prevention Planning Committee Community Needs Assessment

An Analysis of Gaps in HIV Prevention Services

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Los Angeles County

Square Miles: 4,086
Population: 9.9 Million

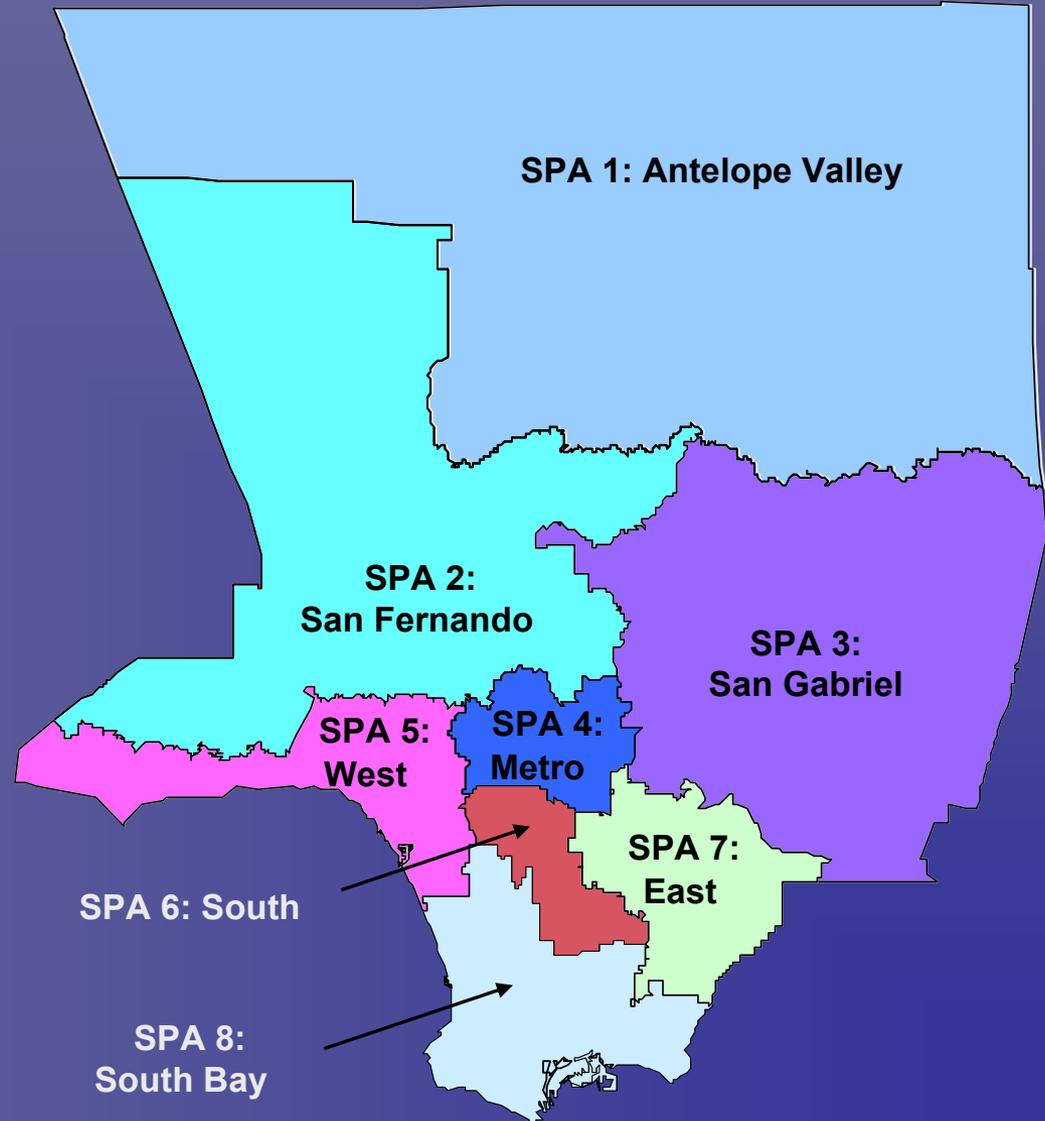
Latino/a 45.7%
White 31.0%
Asian/PI 13.2%
African-American 9.7%
Native American 0.3%

Proportion of California
Population: 29%

Proportion of California AIDS
Cases: 35%

Proportion of U.S. AIDS
Cases: 5%

Living with HIV/AIDS:
57,000 (Estimated)



Background

- Los Angeles County conducts a needs assessment annually with individuals receiving HIV prevention services
- CDC recommends an analysis of HIV prevention gaps for all funded jurisdictions for each prevention plan cycle

Process

- Collaborative effort between
 - Office of AIDS Programs and Policy (OAPP)
 - HIV Prevention Planning Committee (PPC)
 - Community-Based Organizations (CBOs)
 - Community members
- Designed to assess HIV knowledge and behavior among hard-to-reach individuals
 - Accessing high-risk venues
 - Not receiving HIV prevention services

Process (Cont.)

- Included Quantitative and Qualitative components
 - Self-administered short surveys
 - Focus groups
 - One-on-one open-ended interviews
- 18 High-risk venues selected
 - 5 nightclubs
 - 5 parks
 - 1 coffee house
 - 1 public sex environment (PSE)
 - 5 street corners
 - 1 commercial sex venue (CSV)

Target Populations/Behavioral Risk Groups

- Identified by PPC and Community Members
 - MSM, including HIV-positive
 - MSM/W
 - MSM/IDU
 - Transgender
 - H/IDU
 - F/IDU
 - WSR, African-American and Latina
 - Commercial Sex Workers (CSW)
 - Spanish Speakers

Short Surveys

- 140 collected
- Self-administered
- Anonymous
- 5-10 minutes
- Captured
 - Demographics
 - Sexual risk behaviors
 - HIV testing information



Focus Groups

- 15 conducted
- 2-8 participants in each group
- Anonymous
- 30-120 minutes
- Tape recorded and transcribed
- Captured
 - Knowledge of HIV, services, social marketing
 - HIV risk behavior, perceptions
 - HIV/STD testing
 - Family, social networks, religion

Open-ended Interviews

- 50 conducted
- 15-45 minutes
- Tape recorded and transcribed
- Captured
 - Similar variables as focus groups
 - More emphasis on behavior and perceptions



Venue Clearance

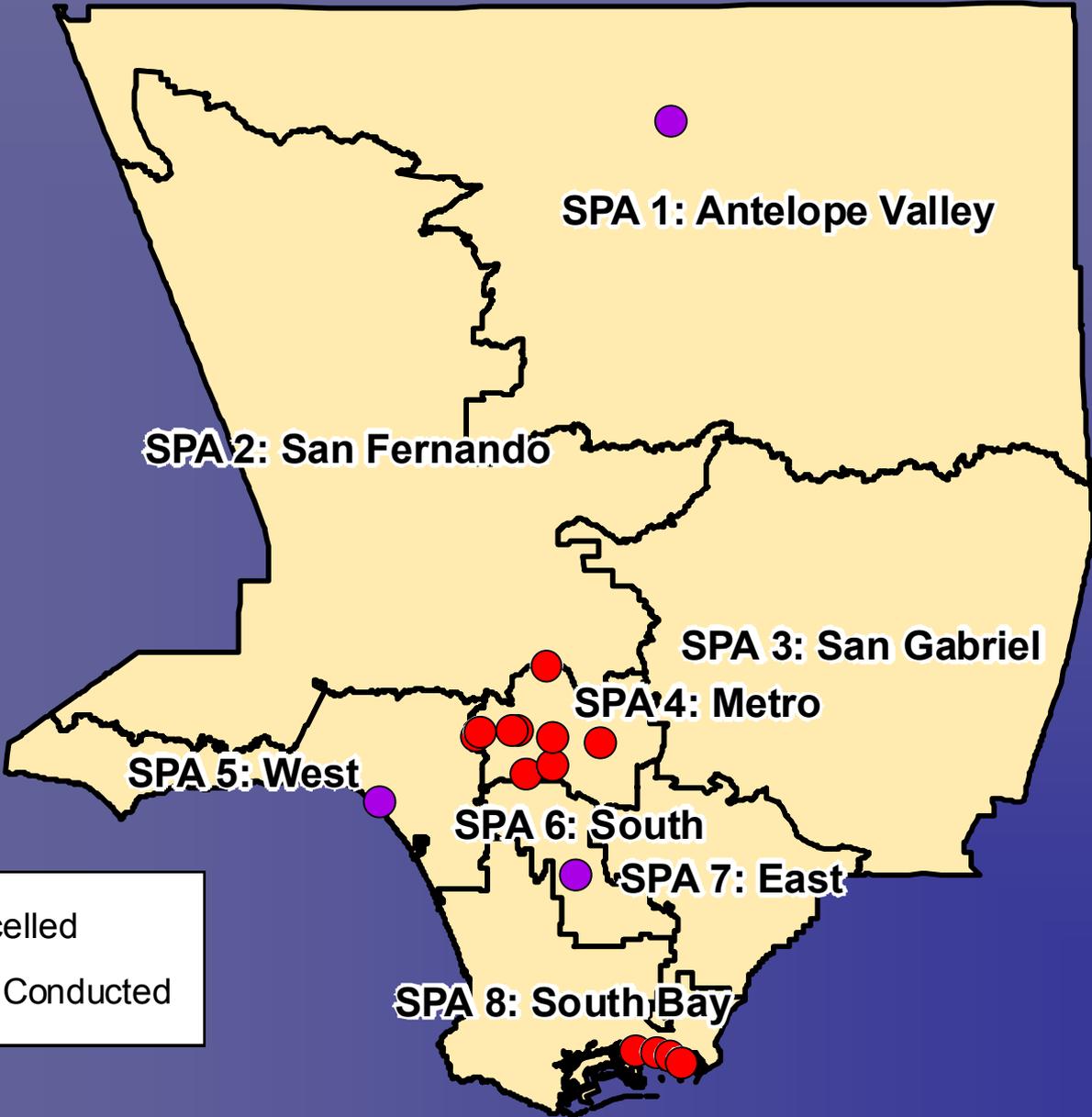
Key informant discussions

- Nightclub managers/owners
 - Permission to conduct assessments
- Participants at venues
 - Determine hours and days when venue is most accessible and diverse

Data Collection and Analysis

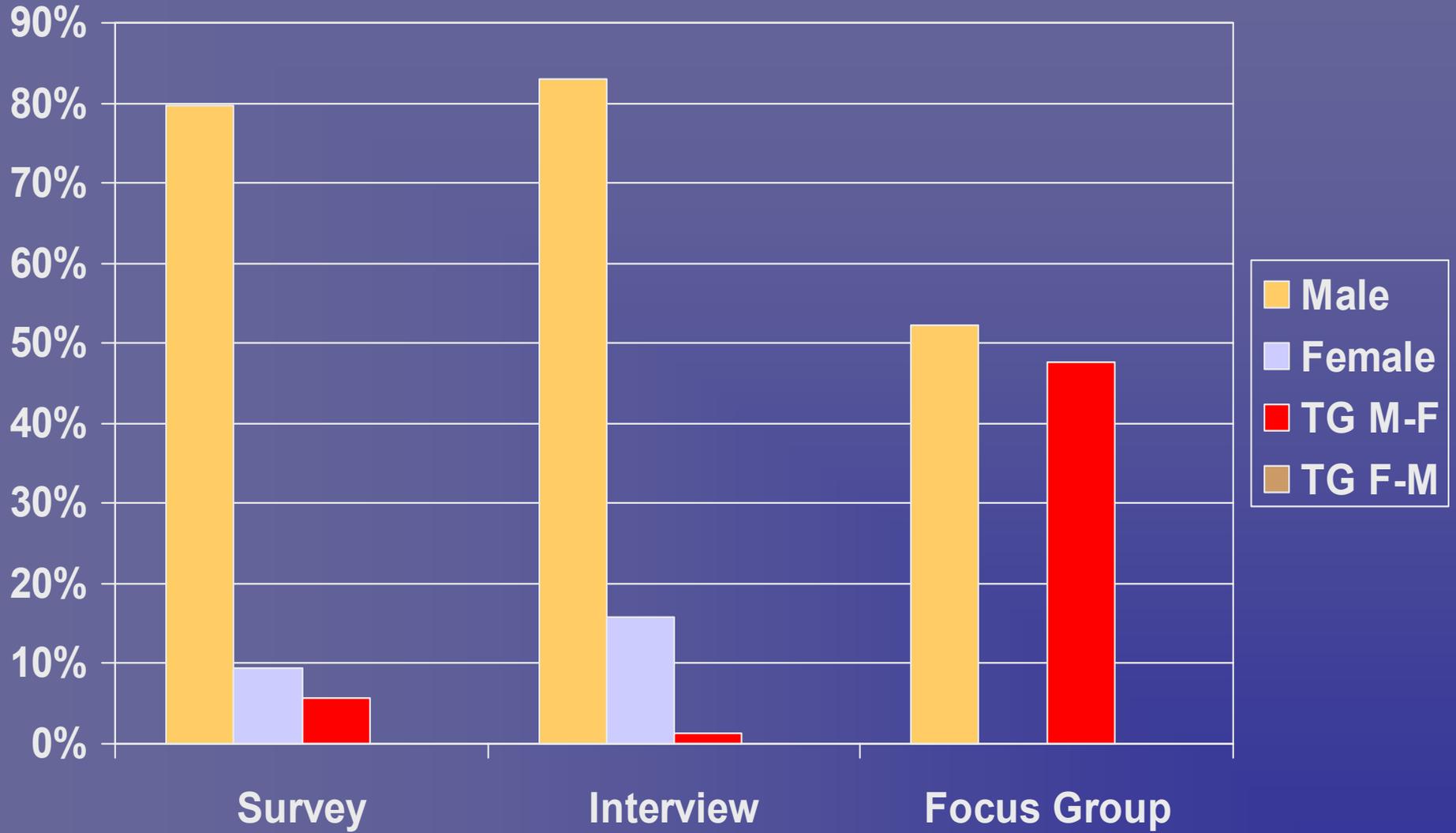
- Survey administered May-June each year
 - One-on-one
 - Agency staff
- Respondents
 - Randomly selected using systematic sampling
 - Received compensation valuing \$10 (\$15 in 2004)
- Data entry
 - OAPP staff
 - Password-protected database
 - Re-key verification

Interview Sites



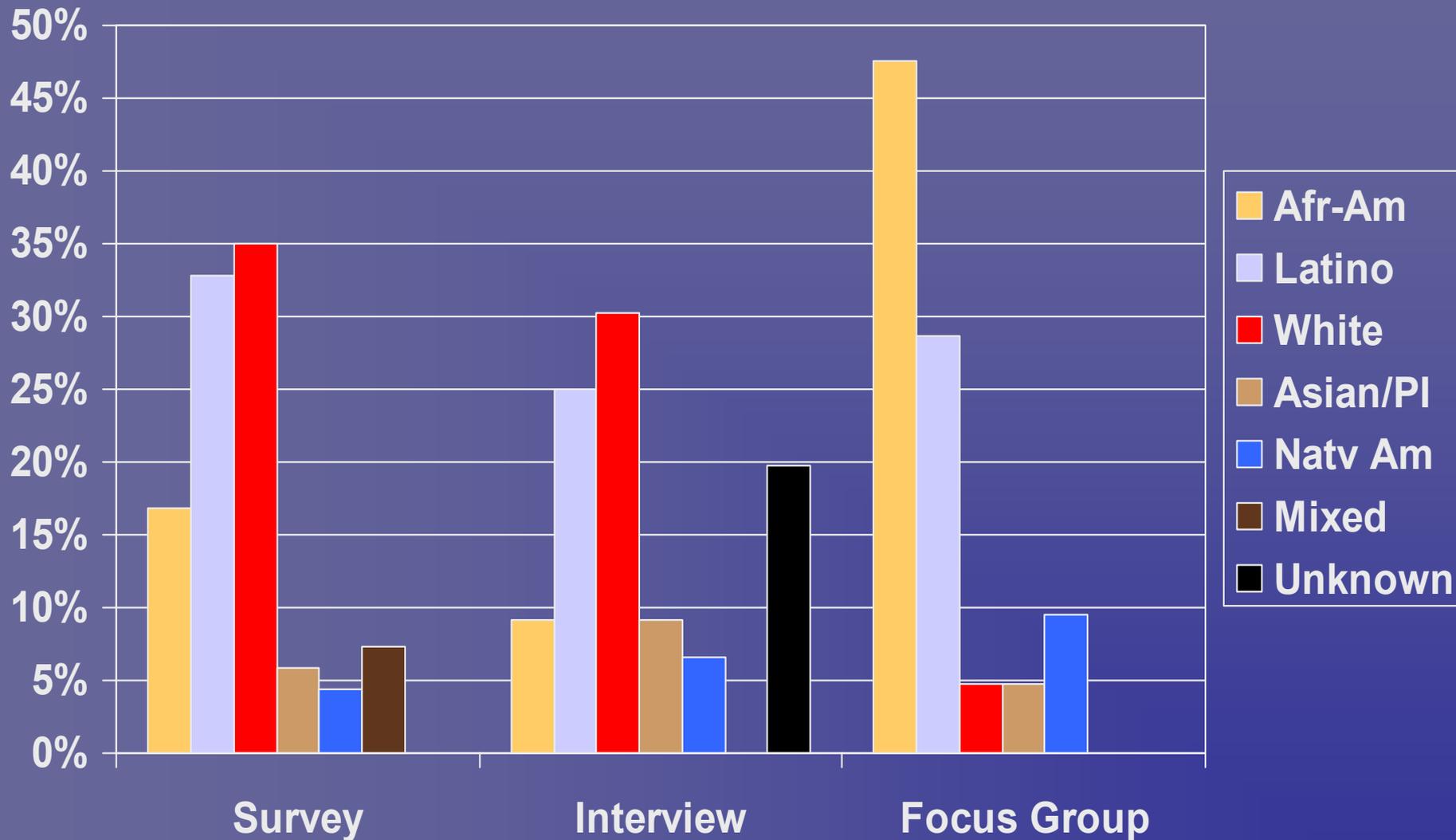
	Sites Cancelled
	Interviews Conducted

Gender Among All Participants



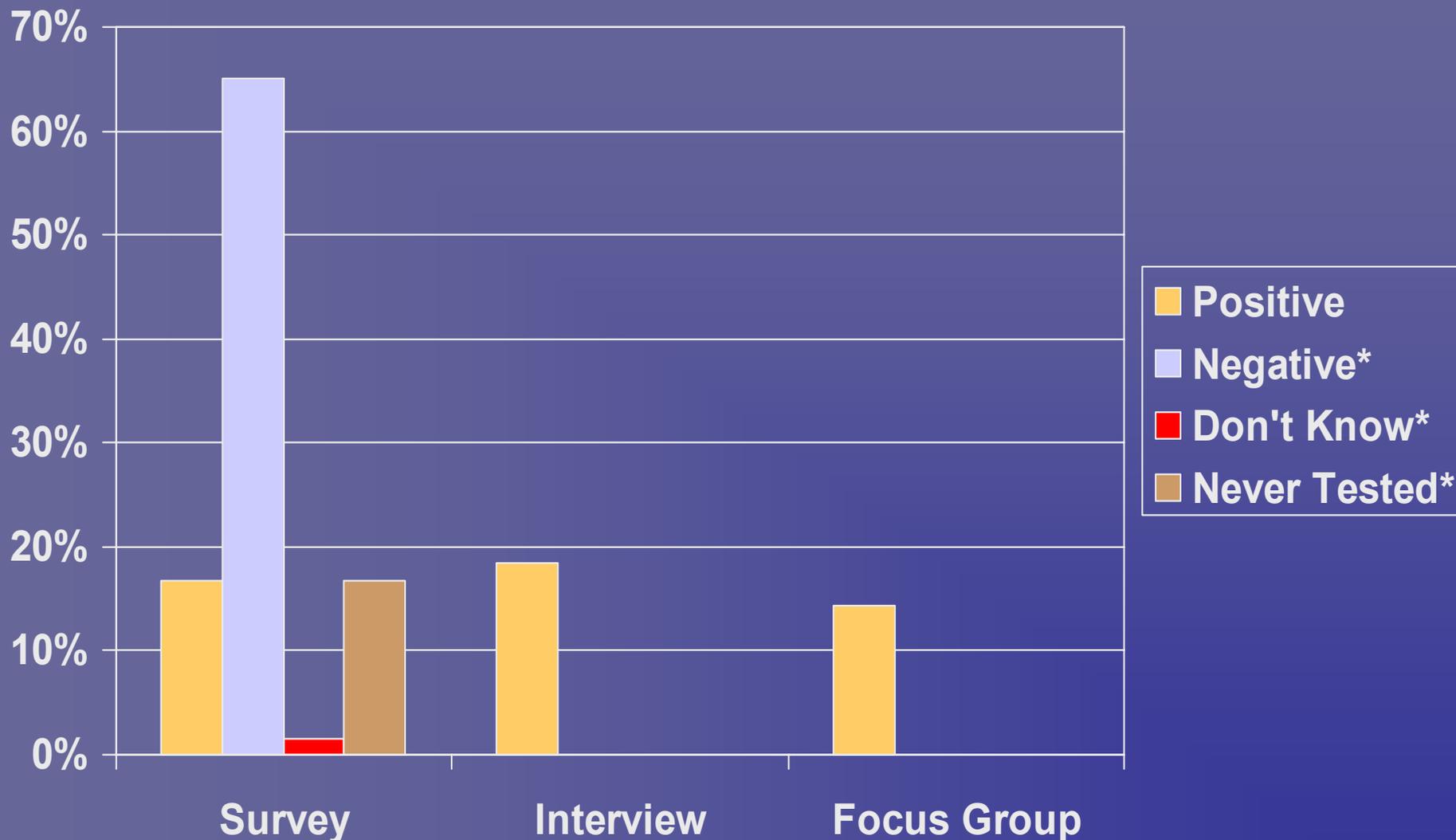
Source: HIV Prevention Community Needs Assessment
Numbers may not equal 100% due to rounding and missing data

Race/Ethnicity Among All Participants



Source: HIV Prevention Community Needs Assessment
Numbers may not equal 100% due to rounding and missing data

Serostatus Among All Participants



*Not Assessed for interviews or focus groups

Source: HIV Prevention Community Needs Assessment

Numbers may not equal 100% due to rounding and missing data

HIV Testing Frequency

n = 89	n	%
Once a month	4	4.5%
Every 3 months	7	7.9%
Every 6 months	25	28.1%
Once a year	36	40.4%
Every other year	5	5.6%
Other	12	13.5%

Source: HIV Prevention Community Needs Assessment
Numbers may not equal 100% due to rounding and missing data

Most Recent HIV Test Location

n = 110	n	%
HCT site	34	30.9%
Private doctor visit	31	28.1%
Other	17	15.5%
HIV medical clinic	11	10.0%
During a hospital stay	6	5.4%
STD clinic	6	5.5%
Emergency room	3	2.7%
Correctional facility	2	1.8%

Source: HIV Prevention Community Needs Assessment
Numbers may not equal 100% due to rounding and missing data

Rank Order of Motivations for Testing Among HIV-negative Participants

(n = 114)

Rank Order

Motivation

- 1 The desire to stay free from HIV
- 2 HIV information I see in the media
- 3 My sexual partner(s) and I agree to test regularly
- 4 My drug partner(s) and I agree to test regularly
- 5 Feeling that I have somehow been infected with HIV

Rank Order of Harm Reduction Methods Among All Participants

(n = 114)

Rank Order

Harm Reduction Method

- 1 Use condoms for anal and/or vaginal sex
- 2 Limit number of sexual partners
- 3 Have sex with partners when I am certain of their HIV status
- 4 Limit use of alcohol and/or drugs during sex
- 5* Share needles with partners when I am certain of their HIV status
- 6 Substitute oral sex for anal or vaginal sex
- 7 Use condoms for oral sex
- 8* Clean needles with bleach

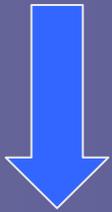
*Rated for those individuals who reported injecting drugs

Source: HIV Prevention Community Needs Assessment

Changing Attitudes About HIV



Perceived susceptibility



Perceived severity

Changing Attitudes About HIV

- Most participants identified a perception held by people they know that HIV is not as dangerous because of advances in current medications
- Some gay-identified participants acknowledged motivations for wanting to become HIV-positive (either themselves or someone they knew)
 - “Just to get it over with”
 - “Need to belong to the community”
 - Didn’t want to feel “left out.”

Changing Attitudes About HIV

...I continually hear about young people that play, that want to become positive just to get it over because they think they can just live for the rest of their life on the cocktail and be okay (White male, MSM).

I think people think it is a manageable disease now and ... I know of people that want to get infected because they... feel more accepted if they are. A friend of mine purposely went out and got infected... his quote was, "I want to be part of my tribe." ...People's need for intimacy ... and love overrides the concern for their health (White male, MSM, HIV-positive).

Disclosure and Negotiation

- Most who were HIV-positive said that they disclosed, while some reported never disclosing, partners should assume everyone is HIV-positive
- Most said condom negotiation was their responsibility and was not discussed. If condom use occurred, the individual either used a condom or put a condom on the partner
- Clear perception about what one ought to do (discussing condom use with partners), few participants described their own negotiating behavior

Disclosure and Negotiation

...if you can do it [sex] with them, then I hope you can talk about it too! (Unknown race/ethnicity, male, MSM).

It's nice to have a partner who is also verbal about that [disclosure] and brings it up as opposed to someone who is just like, "Oh yeah, I'm clean." But what does that mean? *Took a shower?* When somebody can't verbally say "I am HIV negative," or "I am not aware of my status," or "I get tested," that's really awkward to me. (Unknown race/ethnicity, male, MSM).

Condom Use

- Drug and alcohol use contributed to inconsistent condom use
 - Alcohol and methamphetamine top two substances
- Other reasons for inconsistent condom use
 - They are a “hindrance,”
 - they don’t work
 - Not liking the smell of latex
 - Not being comfortable
 - Not fitting correctly

Condom Use

...Okay, everyone you deal with could potentially be HIV-positive, and I think that is a good outlook. ...You know just knowing that like, “oh my god, I was with a guy and he was HIV-positive,” but I found out after. ... Just being like, “Thank God I used protection.” (Unknown race/ethnicity, male, MSM).

Anal sex...pretty much...you're gonna do it with a condom. So oral sex is different because most people don't wanna use condoms (Latino male, MSM).

Sex Without Condoms

- Participants were divided on condom use, more than half reporting sometimes or never using them
- Nearly all participants believed that not using condoms increased risk for HIV infection/transmission
- Reasons for never using condoms
 - HIV-negative participants
 - HIV is no longer a “death sentence”
 - HIV-positive participants
 - Serosorting

Sex Without Condoms

There are many times I told people I was HIV-positive and people who are HIV-negative, they still wanted to have unprotected sex with me. It is me who has to say, “No, we can’t do that.” Where you would think it would be the other way around (White male, MSM, HIV-positive).

I just don’t use condoms at all...because I am HIV-positive (African-American transgender M-F, CSW, HIV-positive).

You’re like, “well, do you have a condom?”, and you’re like [other partner], “well, just pull out before you cum” (unknown race/ethnicity, male, MSM).

Substance Use

- Substance use, particularly alcohol, methamphetamine use, associated with
 - Failing to use condoms
 - Having multiple anonymous sexual partners
- Some participants felt that meth users were contributing to new infections
- Others felt that there was a heavy focus on meth use and sexual risk in the media, but it was alcohol that contributed more to their sexual risk taking

Substance Use

People who are under the influence either of alcohol or drugs make inappropriate decisions and in the heat of the moment they either do not have a condom, or don't bother to put it on (API male, MSM).

...You're drunk, you'll go home with anyone. You're taking drugs too. They forget the condom or you don't even think about it (Latino male, MSM/W).

...Most of them [sexual partners] don't care, they just want to have sex. Um, I would say 60% of the time drugs are involved and most of the time its methamphetamine (White male, MSM/W, IDU, CSW).

Social Marketing

- HIV social marketing campaigns not targeting the correct population or community
 - Only targeting HIV-positive
 - HIV-negative have equal responsibility in prevention
 - Not targeting Latinos/Latinas or African-Americans
- Campaigns should display more HIV statistics and information
- Have become “immune” to HIV social marketing campaigns
 - New campaigns need to be more provocative, aggressive, and memorable

Social Marketing

As far as billboards and things like that... you see it and you say, “whatever,” you know what I mean? But it’s people you know that have it [HIV]. That effects the community (unknown race/ethnicity, male, MSW).

...The majority of people...know how to prevent it and it doesn’t matter how much you throw it in their face...on the radio, news, TV, it doesn’t matter. ...They’re gonna continue to do what they’re doing (African-American male, MSM/W).

HIV Testing

- On average, participants tested annually and reported being tested by their private medical care provider or at a public HIV testing site
- Nearly all participants knew where to get tested regardless of their use of services
- Those who tested regularly were more likely to test with a partner

HIV Testing

- Fear of being infected was associated with not getting tested
- Some participants described rapid testing
 - Easier and faster
 - Don't have to be stressed out for two weeks
- Most participants recommended streamlining HIV/STD testing in one visit

HIV Testing

...Those two weeks [waiting for results] are like, “Oh my god, maybe I have it” (unknown race/ethnicity, male, MSM).

I just prefer to keep it private [public anonymous testing preferred to testing with primary provider], instead of on your health record for insurance purposes (unknown race/ethnicity, male, MSM).

...Every six months [getting tested]. Just like getting your teeth cleaned... (unknown race/ethnicity, male, MSM)

Medical Providers

- Most participants perceived that they were more comfortable talking about HIV and STDs with their health care providers than their providers were in talking with them
- Most participants said that their health care provider doesn't encourage testing for HIV or STDs
- Some participants with private insurance chose to get tested anonymously at public testing sites
 - Fear of discrimination from provider and/or insurance company

Medical Providers

...You have to like express it [the need for HIV/STD testing (Latino male, MSM)].

I think they're more uncomfortable than we are [discussing HIV/AIDS and STDs] (Latino male, MSM).

His first response [primary physician] when I asked him if I could get tested for HIV was, "Do you feel that you've done anything that would have been sexually... risky? And I felt like, uh, well are you trying to ask me personal questions and ... am I supposed to tell you what risky behaviors are, [or are] you supposed to tell me what risky behavior is? And I just feel that if ...I want to get tested that I didn't need to have to answer all those questions. It's obvious that I wanted to get tested. (White male, MSM).

Social Networks

- HIV-negative participants were able to discuss HIV, STDs, and condom use with friends, but not with family
- HIV-positive participants were mostly private about HIV and condom use with family and most friends
- African-American and Latinos
 - Most felt that family members viewed being gay with having HIV, and some viewed HIV with death
 - Those who were HIV-positive felt isolated from family

Social Networks

They [participant's parents] don't even talk about sex ... you know they never told me about that. I learned it myself (Unknown race/ethnicity, male, MSM).

When you look at the whole family aspect of it... coming out to your family, one of the first things they put forth is, "Okay, you're gonna end up becoming an AIDS victim." Because it's like being gay is like a sentence to death (African-American male, MSM/W).

I've been ostracized from my family so they won't even talk to me, and the fact that I'm HIV-positive makes it worse. I mean, I'm going to be a dead fag rather than just a fag (White male, MSM, HIV-positive).

Transgenders

- Most knowledgeable about HIV prevention services
 - HIV counseling and testing
 - Mental health services
 - Substance abuse
 - Housing services
- Transformation assistance was most important need identified
 - Lack of transformation assistance perceived to be associated with
 - Substance abuse
 - Commercial sex work

Transgenders

- Majority of transgender participants were HIV-positive
- Most HIV-positive transgenders traded sex but reported using condoms with paying partners and disclosing status with main and non-paying casual partners
- Some transgender CSW identified the challenge of being offered more money for not using condoms
 - Several said they were able to take the extra money and slip a condom on the paying partner

Transgenders

Well, on this boulevard, it's like, out of 50% of the people that hustle on this boulevard is HIV-positive (African-American transgender M-F, HIV-positive, CSW).

I don't need help [social services including HIV prevention]... I need financial assistance to further myself along in the transformation process...that's therapy for me (White transgender M-F, CSW).

...Usually when I bring up the idea of using a condom, is when they offer me a little bit of money to do a blow job...and then I take their money, and then I get out a condom. He sees that condom coming out [and]...he's like, "oh, fuck." He's going to bring out more money (White transgender M-F, CSW).

African-American MSM/W

- 5 of 6 participants refused to be labeled
- All participants characterized their sexual experiences to include women, used as a “front” perceived as necessary in the African-American community
- All participants knew what the “down low” referred to, but none felt that this described their behavior

African-American MSM/W

- HIV-negative participants felt that HIV was a death sentence, HIV medications don't work
- “Death sentence” one reason for not getting tested
 - “You don't want to know”
- Having family members who stigmatized HIV or being gay was associated with not getting tested
 - Those who reported being exposed to stigma from family members also said they had not tested or were afraid of getting tested

African-American MSM/W

Well, it's not really trying to identify with being gay, I am who I am. But you know society considers us as gay (African-American male, MSM/W, HIV-positive).

My friend that just died, he couldn't let his family know because he couldn't even be around his newborn nieces and nephews. His own sister and brothers would not, would not even let him around the newborns, scared that they probably might get infected, you know. That's a strain on you yourself, you know. This is something that you can't even tell your own, your immediate family. ...It was like I mean, you, we listened to it growing up over the years. How they thought about other people, people for 1, for him being gay. For 2, other people that might be affected, they would always say "I don't want my kids around" and you know... (African-American male, MSM/W).

Latino MSM

- Having family members who stigmatized HIV or being gay was associated with not getting tested
 - Those who reported being exposed to stigma from family members also said they had not tested or were afraid of getting tested
- Participants report that family members do not understand HIV
- Less likely than other groups to talk about HIV, STDs, condoms with their friends

Latino MSM

I have a doctor but I've never, I've never talked to them [about HIV risk or HIV testing] (Latino male, MSM).

It's [talking about sex, condom use with family] very...it's ...it's not ...it's taboo to just think about it (Latino male, MSM).

It needs to be out there [HIV prevention messages, HIV education] not, I mean, not as just a gay thing but just everybody (Latino male, MSM).

Community and Government Response to HIV

- Government needs to increase funding for
 - Education and prevention
 - Treatment
- Place more value in finding a cure
- Some held belief of a conspiracy theory
 - Government withholding cure

Conclusions

- Those who were not necessarily using HIV prevention services, but were at risk, were very knowledgeable about HIV prevention services available
- Many of the participants felt that substance use was highly associated with sexual risk taking, including sex without condoms and having multiple anonymous sexual partners
- Participants felt that people in general have become immune to HIV social marketing campaigns, but they saw television to be a powerful tool in media campaigns
- Personally knowing someone with HIV/AIDS was much more powerful than any media campaign regarding HIV/AIDS awareness

Conclusions (continued)

- Comfort level with discussing HIV risk and testing with primary health care providers was mixed
- Some with health insurance preferred to test anonymously at public testing sites to avoid being discriminated against by primary health care provider or insurance
- The strongest motivators for getting tested were the desire to know their status or because a friend or partner was getting tested
- Those who believed they were infected (not confirmed by testing) were not likely to get tested

Conclusion (continued)

- Needs to be more education on HIV/AIDS in the community and in schools
- Transgenders are more knowledgeable about services, but are less likely to use them
- African-American MSM/W do not identify with being gay or being “on the down-low.”

Summary of Identified Gaps in Services

- Integrated substance abuse prevention including alcohol
- HIV/STD testing by primary medical providers
- Relevant social marketing better targeted to specific groups
- Prevention programs specifically tailored for
 - Transgenders
 - African-American MSM/W

Summary of Identified Gaps in Services

- Faith-based services which focus on
 - addressing stigma and homophobia within the church, especially in African-American communities
 - Assisting individuals disclose HIV to family members
 - Media campaigns to address stigma of HIV and association of being gay with being HIV-positive

Discussion

- While many of the participants did not receive HIV prevention services, some participants tested at public testing sites and received some type of HIV prevention service
- Most of the focus groups and long interviews were conducted in SPA 4 (Hollywood and West Hollywood area) and SPA 8 (in Long Beach), need additional data from other SPAs

Acknowledgments

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Van Ness Recovery House

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